

## UNITED STATES BANKRUPTCY COURT

### SOUTHERN DISTRICT OF NEW YORK

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THE DEBTORS' THIRTY-SEVENTH OMNIBUS OBJECTION TO CLAIMS SEEKS TO RECLASSIFY CERTAIN FILED PROOFS OF CLAIM. PARTIES RECEIVING THIS NOTICE SHOULD REVIEW THE OBJECTION TO DETERMINE IF THEIR NAME(S) AND/OR CLAIM(S) ARE LOCATED IN THE OBJECTION AND/OR THE EXHIBIT ATTACHED THERETO TO DETERMINE WHETHER THE OBJECTION AFFECTS THEIR CLAIM(S).

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DEBTORS' COUNSEL, DOMINIC A. LITZ, ESQ. AT (212) 310-8000. WEIL, GOTSHAL & MANGES LLP 767 Fifth Avenue New York, New York 10153 Telephone: (212) 310-8000 Facsimile: (212) 310-8007 Ray C. Schrock, P.C. Jacqueline Marcus Garrett A. Fail Sunny Singh Attorneys for Debtors and Debtors in Possession UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

Re : Chapter 11 : SEARS HOLDINGS CORPORATION,

#### **Reclassification Of claim**

#### **Case No. 18-23538**

NELECIA NELSON

75 Squantum St Milton, Ma 02186

617-980-6643

Nelecia28@yahoo.com

*Objection to the reclassification of claim # L1711195016 for the reason set forth in objection:*

- *Loss of physical health, loss of income, long-term damage and limited movements and restriction for employment.*

*The injuries obtained from Sears Braintree Massachusetts South shore plaza November 18 2018, has left Nelecia Nelson with continual pain and limited mobility .*

- *Continuous medical treatments two surgeries one recently done to correct and improve mobility, because of Mrs. Nelson injury obtained in Sears department store another surgery was done in 2020. Mrs. Nelson is not able to obtain full time employment due to my injury and sustain herself and my family due to continuous procedures to correct the injury obtain in Sears on 11/18/ 2018.*
- *Mrs. Nelson is the breadwinner of her family,*

UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF NEW YORK

THE DEBTOR, THIRTY-SEVENTH OMNIBUS OBJECTION TO CLAIMS SEEKS TO RECLASSIFY CERTAIN  
FILED PROOFS OF CLAIM. PARTIES RECEIVING THIS NOTICE SHOULD REVIEW THE OBJECTION TO  
DETERMINE IF THEIR NAME(S) AND/OR CLAIM(S) ARE LOCATED IN THE OBJECTION AND/OR THE  
EXHIBIT ATTACHED HERETO TO DETERMINE WHETHER THE OBJECTION AFFECTS THEIR CLAIM(S).

DEBTOR'S COUNSEL, DOMINIC A. LITZ, ESQ., AT (212) 410-8000, WITH COTSHALL & MANAGES LLP, 367  
Fifth Avenue New York, New York 10117, Telephone: (212) 310-8000, Fax: (212) 310-8007, Roy C.  
Schrock, P.C., Jacqueline Marcus Garza, A. Ted Sundry, Esq., Attorney for Debtors and Debtors in  
Possession UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

Re: Chapter 11: SEARS HOLDINGS CORPORATION

Reclassification Of claim

Case No. 18-23538

WELCH NELSON

352 Lexington St. Boston, MA 02116

617-980-6643

WELCHNELSON.COM

WELCH NELSON LLP, 352 Lexington St., Boston, MA 02116, Tel: 617-980-6643, Fax: 617-980-6644

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WELCH NELSON LLP, 352 Lexington St., Boston, MA 02116, Tel: 617-980-6643, Fax: 617-980-6644

- *At this time would like the courts consider granting the secure portion of the claim and also the portion that has been made unsecure as she has lost a lot physically and also financially and ask for the lawful compensation.*

*Due to the limited to present the current document, ADDITIONAL INFORMATION AND EVIDENCE CAN BE PROVIDED UP ON REQUEST.*

*We thank the court in advance for the consideration in this matter.*

- *I have provided proof of my recent surgery and treatments to further correct the damage that was obtained on the premises and property of Sears Braintree South shore plaza. This will be my second surgery, 3 years later unable to work full-time as I used to in the job that I love. Restricted to selective part-time employment that will not aggravate or further damage my ankle, I have been through many PT sessions trying to correct this damage I obtain while shopping back in 2018 in Sears department store in Braintree Massachusetts.*
- *Before the date of my accident, Mrs. Nelson had full mobility in my legs and was able to operate normal with no restriction and since then after my accident and Sears department store back in 2018 that privilege has been taken away and has been a slow process to get back to normality which at this point will be never.*
- *From the legality and the responsibility of Sears department stores to their customers in regard to compensation when being injured on their property and has been factually proven through camera and reports from their employees. The basis to deny or reclassify any compensation would be in the best interest of the customer. I asked for the courts consideration to resolve this matter and not to reclassify the existing claim based on the above reasons stated.*

*Due to the limited time to obtain and present the current document, Additional information and evidence can be provided on request.*

*We thank the court in advance for their consideration in this matter.*

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT      Southern District of New York		▼	<b>PROOF OF CLAIM</b>
Name of Debtor:		Case Number: <b>1823538</b>	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Nelecia Nelson</b>		<b>COURT USE ONLY</b>  <input type="checkbox"/> Check this box if this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ (If known)  <b>Filed on:</b> _____  <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: <b>75 Squantum St, Milton Ma 2186</b>			
Telephone number: <b>617-980-6643</b> email: <b>nelecia28@yahoo.com</b>			
Name and address where payment should be sent (if different from above): <b>SAME</b>			
Telephone number: <b>617-980-6643</b> email:			
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>60,000.00</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
<b>2. Basis for Claim:</b> <u>personal injury slip and fall</u> (See instruction #2)			
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  <div style="text-align: center;">3   5   3   8</div>	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> <u>L 1 7 1 1 1 9 5 0 1 6 = 0 0 0 1</u> (See instruction #3b)	
<b>4. Secured Claim</b> (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe:  Value of Property: \$ <u>60,000.00</u>  Annual Interest Rate _____ % <input type="checkbox"/> Fixed   or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim:      \$ _____  Amount Unsecured:                \$ _____	
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).         </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).         </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </div> <div style="width: 30%;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 30%;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).         </div> </div> <div style="text-align: right; margin-top: 10px;"> <b>Amount entitled to priority:</b>          \$ _____       </div>			
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			

B10 (Official Form 10) (04/13)

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**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Nelecia Nelson

Title: Client

Company: \_\_\_\_\_

Address and telephone number (if different from notice address above): \_\_\_\_\_

Nelecia Nelson

10/25/2021

(Signature)

(Date)

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

*Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.*

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.*

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**4. Secured Claim:**

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).**

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

**8. Date and Signature:**

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



SURGERY  
Report Note





December 26, 2019

Edward Paul Weiss, MD  
Beth Israel Deaconess Healthcare - Boston  
294 Washington St, STE 219  
Boston, MA 02108-4611

RE: Nelecia Nelson-McDonald BID#: 133-59-80 DOB: 03/10/1978

Dear Dr. Weiss:

Thank you for referring Ms. Nelson-McDonald to see me in consultation. Please see my full note below for details.

---

Chief Complaint: Right Peroneal tendinitis

History of Present Illness: Ms. Nelson-McDonald is a very pleasant 41 year old female who reports pain at the posterolateral ankle. She had surgery ~ 2 years ago for peroneal split tear. Now with persistent pain. She saw Dr. Tveter who referred her to me as a second opinion. An MRI from that visit showed subluxed peroneal tendons. She reports pain in the posterior lateral ankle right at the posterior fibular groove. She is been resisted inversion and walking. She is here now for second opinion for surgical planning. She brings her postoperative notes from BMC documenting her recovery and plan following her prior surgery. The operative note was unfortunately not available. She denies functional instability.

She reports 3/10 pain, located to the posterolateral ankle, sharp in nature, constant and daily since time of injury. Worse with activities, weight bearing and attempted walking. It is better with rest and immobilization. Pain is limiting her on a daily basis.

The review of systems, past medical and surgical history as well as the family and social history was documented on the new patient intake form and reviewed with the patient. This form was reviewed and signed by myself in the clinic on the date of visit and then scanned into the medical record. Pertinent negatives and positives are included in the HPI above.

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NELSON (BID#: 1335980)

-2-

December 31, 2019

Physical Examination:

General: Appearance is healthy and non-septic, appropriate for stated age. Chest: Normal respiratory effort. Heart: RRR

Psych: Alert and oriented. Appropriate mood and affect.

Neuro: Sitting, 5/5 motor, intact sensation.

Vascular: 2+ pulses. No global swelling, edema, or clinically relevant varicosities. Lymph: No lymphadenopathy.

Skin: Skin inspection/palpation reveals no breakdown, pending breakdown or sympathetic change.

MSK: Gait exam stable, mildly antalgic. Standing, hind foot alignment is neutral.

Exceptions and foot specific exam noted below.

There is tenderness and swelling over the peroneal tendons and increased pain with resisted eversion. Stable anterior drawer.

---

Imaging: Images and report were reviewed with the patient and demonstrate no acute bony injuries.

MRI demonstrates subluxation of the peroneus brevis around fibula with likely split tearing.

---

Assessment and plan: Right ankle peroneal tendon subluxation after old surgery ~2 years prior.

We discussed operative and non-operative treatments today. I think she would benefit from a exploration and repair versus transfer of her peroneus tendons. Risks and benefits were discussed in detail. Consent was signed. My specific plan will be for a right peroneal tendon exploration, repair versus transfer and reconstruction of dislocating peroneal tendons.

All questions were answered. Follow-up at time of surgery.

Sincerely,

Christopher P. Miller, MD

Electronically signed by Christopher P. Miller, MD 12/31/19 at 10:44 a

Harvard Medical Faculty Physicians/Orthopaedics

Date: 03/04/20 Progress note Page 1  
Electronically signed by Christopher P. Miller, MD on 03/04/20 at 1:17 pm  
BIRTHDATE: 03/10/1978 AGE 41  
NELSON, NELECIA UNIT # 1335980

Nelecia returns. She delayed her surgery twice because of personal timing issues. The correct side is the left side prior notes indicated was right but she is here for chief complaint of left peroneal tendinitis. She is planned for surgery for peroneal exploration repair versus transfer and repair of dislocating tendons on April in Boston. A new consent was signed today. We also discussed her treatment options for continue nonoperative management and I recommended possible over-the-counter Voltaren gel for pain. Her tenderness is along the peroneal tendons worse with resisted eversion. It is more proximal to the fibula as well.

New consent was signed today.

We will see her back at time of surgery. My specific plan will be for a left peroneal tendon exploration and repair versus transfer and reconstruction of dislocating peroneal tendons. All questions were answered.

Beth Israel Deaconess Medical Center/Orthopaedics  
330 Brookline Avenue, Boston, MA 02215

Date: 07/15/20 Progress note Page 1  
Electronically signed by Brianna Caitlin Whitehouse, PA on 07/15/20 at 3:01 p  
Electronically cosigned by Christopher P. Miller, MD on 07/15/20 at 4:32 pm  
BIRTHDATE: 03/10/1978 AGE 42  
NELSON, NELECIA UNIT # 1335980

Note contains an addendum. See bottom.

Chief Complaint: Left peroneal tendinitis, subluxation

Interval History: Ms. Nelson-McDonald returns today. She has previously been scheduled for surgery, however due to personal issues and then COVID, she has had to cancel. She reports ongoing pain along the peroneal tendons. They continue to sublux. She tried to return to work, however was very limited secondary to pain and swelling. The patient feels very limited with ADLs due to pain. She is interested in pursuing operative intervention at this time.

Past medical history is significant for pseudotumor cerebri. She does not have diabetes or any heart/lung issues. Reports allergies to Aspirin and contrast dye. Non-smoker. She works in Customer Service at the Airport.

Exam:

General: Well appearing in no acute distress

Chest: Non-labored breathing

Heart: Regular rate and rhythm. 2+ pulses.

Extremity: Tenderness along the peroneal tendons with edema. Pain against resisted eversion.

Imaging: None today

Assessment and plan: Left peroneal tendinitis, subluxation

The patient was seen and evaluated by myself and Dr. Miller at today's visit.

The patient continues to have limitations with activities of daily living secondary to ankle pain. We still believe she would be a good candidate for surgery at this time. The patient agrees and wishes to proceed.

Risks and benefits of the proposed surgery were discussed in detail with the patient. Informed consent was obtained. We discussed both non-operative as well as operative treatments. Risk of the surgery include, but are not limited to, infection, bleeding and injury to arteries and veins, wound complications, injury to nerves and tendons, neuroma, deep vein thrombosis and pulmonary embolism, reflex sympathetic dystrophy or complex regional pain syndrome, failure to return to previous athletic level, need for additional procedures and even the remote risk of catastrophic complications such as loss of limb, heart attack, stroke and/or loss of life.

Our specific plan will be: Left peroneal tendon exploration and



Beth Israel Deaconess Medical Center/Orthopaedics  
330 Brookline Avenue, Boston, MA 02215

Date: 07/15/20 Progress note Page 2  
Electronically signed by Brianna Caitlin Whitehouse, PA on 07/15/20 at 3:01 p  
Electronically cosigned by Christopher P. Miller, MD on 07/15/20 at 4:32 pm  
BIRTHDATE: 03/10/1978 AGE 42

NELSON, NELECIA UNIT # 1335980

repair versus transfer and reconstruction of dislocating peroneal  
tendons, procedures as indicated.

Informed Consent for Procedure: Left peroneal tendon exploration  
and repair versus transfer and reconstruction of dislocating  
peroneal tendons, procedures as indicated.

- [X] Patient understands procedure
- [X] Rationale and reasons for procedure, the alternatives and  
potential consequences of each alternative, with risks and  
benefits explained
- [X] Potential complications of the procedure discussed
- [X] Patient had the opportunity to ask questions and was  
satisfied with answers
- [X] Patient consented to the procedure

Follow-up at the time of surgery.

Sincerely,  
Brianna C. Whitehouse, PA-C

This is a shared visit with my Physician Assistant. I have  
reviewed Nelecia Nelson-McDonald's history and exam with Brianna  
Caitlin Whitehouse, PA and with Ms. Nelson-McDonald. I have  
performed a history and physical examination, reviewed the  
patient forms and have reviewed the above note. I am in agreement  
with the findings and treatment program as outlined in this note  
and discussed them personally with Ms. Nelson-McDonald's and  
answered all of her questions.

Exam: Tenderness along the peroneal tendons with edema. Pain  
against resisted eversion.

Impression: Left peroneal tendinitis, subluxation

The plan was formulated by myself and dictated to Brianna Caitlin  
Whitehouse, PA as in the note above.

Thank you for allowing me to participate in this patient's care.  
If you have any questions or concerns about this or any other  
patient please contact my office or email me directly.

Sincerely,  
Christopher Miller, MD

# -Addendum- 07/15/20 at 4:32 pm

Beth Israel Deaconess Medical Center/Orthopaedics  
330 Brookline Avenue, Boston, MA 02215

Date: 07/15/20

Progress note

Page 3

Electronically signed by Brianna Caitlin Whitehouse, PA on 07/15/20 at 3:01 p

Electronically cosigned by Christopher P. Miller, MD on 07/15/20 at 4:32 pm

BIRTHDATE: 03/10/1978 AGE 42

NELSON, NELECIA

UNIT # 1335980

**New England Baptist Hospital**  
125 Parker Hill Avenue  
Boston, MA 02120

Nelson, Nelecia  
MR: 001131135  
ENC: 6194284  
DOB: 03/10/1978  
ATTENDING: Miller, Christopher

## **OPERATIVE REPORT**

DATE OF PROCEDURE: 09/18/2020

SURGEON: Christopher Miller, M.D.

PREOPERATIVE DIAGNOSIS: Left dislocated peroneal tendon and peroneal tendinitis.

POSTOPERATIVE DIAGNOSES: Left dislocated peroneal tendon and peroneal tendinitis,  
nonreconstructable peroneus brevis.

NAME OF PROCEDURE: Left peroneal tendon brevis to longus transfer, tenolysis of peroneus longus,  
reconstruction of dislocating peroneal tendon without fibular groove deepening.

ESTIMATED BLOOD LOSS: Minimal.

FLUIDS: 600 mL crystalloid.

URINE OUTPUT: Not recorded.

BLOOD PRODUCTS: None.

DRAINS: None.

COMPLICATIONS: None.

ANTIBIOTICS: Given prior to skin incision.

DVT PROPHYLAXIS: Venodyne on contralateral extremity.

IMPLANTS: None.

INDICATIONS: The patient is a very pleasant woman who has a chronic lateral ankle pain and has had prior surgery for peroneal tendon tear and instability. Unfortunately after the last surgery, she had persistent dislocation of the peroneus brevis on MRI with continued pain. We discussed treatment options, both operative and nonoperative and she ultimately elected to proceed with surgery as above and she was booked and consented.

DESCRIPTION OF PROCEDURE: The patient was met in the preoperative holding area. Informed consent was confirmed, the operative site was marked. Peripheral nerve block was performed. She was brought to the operating room. General MAC anesthesia was induced. She was prepped and draped in the usual sterile fashion. Timeout was performed.

The old incision was utilized and it was extended 2-3 cm proximally, carried down through skin and subcutaneous tissue to the periosteum. The SPR was identified. It was elevated and the peroneus brevis was dislocated around and located lateral to the fibula. There was extensive scarring around both tendons distally and proximally. The extensor tenolysis was required in order to free up the longus to allow it to move. This took significantly longer than the typical surgery. A modifier 22 was appended due to the revision nature of the case and due to the extensive intraoperative scarring that was encountered, which required careful tenolysis to mobilize tendons.

The peroneus brevis was identified and it was fully tenolysed and the low lying muscle belly was resected from the peroneus brevis. This completed the peroneus brevis and longus tenolysis.



**New England Baptist Hospital**  
125 Parker Hill Avenue  
Boston, MA 02120

Nelson, Nelecia  
MR: 001131135  
ENC: 6194284  
DOB: 03/10/1978  
ATTENDING: Miller, Christopher

## **OPERATIVE REPORT**

The retrofibular surface was identified. There was a good sulcus and groove in the back. However, the peroneus brevis would not sit in behind the fibula due to the chronic dislocation that had shortened and contracted. Additionally, there was a complex split tears at the level of the dislocation, which were not amenable to primary repair. Therefore, the decision was made to resect the damaged area of the peroneus brevis and perform a tenodesis of the brevis to the longus. Therefore, the brevis was pulled taut and the brevis was tenodesed to the longus under tension utilizing a 2-0 FiberWire suture. The distal part of the brevis was resected and discarded. This completed the tendon transfer.

The peroneus longus was then reduced back to the retrofibular groove. It was stable. No groove deepening was required and the SPR was repaired through drill tunnels back to the posterior aspect of the fibula. The tendon was gliding smoothly and was not dislocating. This completed the reconstruction of dislocating peroneal tendons with our fibular groove deepening. The SPR was then closed proximally and distally and the periosteum was closed over the fibula.

The wounds were copiously irrigated. Hemostasis achieved with electrocautery and the wounds were closed in layers. Xeroform, dry sterile dressing and compressive Ace wrap was applied. The patient was given a tall boot at the end of the case.

All counts were correct at the end of the case. There were no complications. I was present and scrubbed for all critical portions of the procedure and performed all aspects of the surgery myself. The patient was awoken from anesthesia and transferred to PACU in stable condition.

**POSTOPERATIVE PLAN:** The patient will be nonweightbearing for four weeks. We will see her back in the office in two weeks for wound check.

eScription BN2-9150621  
Dictated 09/18/2020 16:53:05 Transcribed 09/18/2020 23:50:58

**Signed by Miller, Christopher P M.D. on 05-Oct-2020 21:05:17 -04:00**

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Christopher P Miller MD

Harvard Medical Faculty Physicians/Orthopaedics

Date: 10/02/20 Progress note Page 1  
Electronically signed by Christopher P. Miller, MD on 10/02/20 at 3:11 pm  
BIRTHDATE: 03/10/1978 AGE 42  
NELSON, NELECIA UNIT # 1335980

CHIEF COMPLAINT: post-op visit  
DOS: 9/18/20 Repair left dislocating peroneal tendons and brevis  
to longus transfer

Ms. Nelson is here for a scheduled post-operative visit. Doing well. No fevers or excessive pain. No complaints verbalized. Off narcotics. Has been WBAT in splint

On exam, healthy and non-septic appearing in no acute distress. Appropriate affect/mood, alert and oriented. Appropriate and expected motor strength. Sensation is intact to light touch; Good pulses with full perfusion of distal digits. The skin is intact to inspection/palpation without evidence of infection or RSD.

The wounds are closed and dry without erythema, fluctuance, drainage or other evidence of infection.

XRAYS: Stable alignment, no complications

IMPRESSION: Satisfactory post-operative course.

- sutures/staples out, steris applied
- WB Status: NWB x 6 weeks
- cast applied today
- f/u in 2 weeks for cast change. will cast for 6 weeks total.

start PT after 6 weeks. no xrays

NELSON, NELECIA

UNIT # 1335980

CHIEF COMPLAINT: post-op visit

DOS: 9/18/20

PROCEDURE: Repair left dislocating peroneal tendons and brevis  
to longus transfer

Ms. Nelson is here for a scheduled post-operative visit. She is  
now 4 weeks post-op. Doing well. No fevers or excessive pain. No  
complaints verbalized. Off narcotics. Has been NWB in short leg  
cast.

On exam, healthy and non-septic appearing in no acute distress.  
Appropriate affect/mood, alert and oriented. Appropriate and  
expected motor strength. Sensation is intact to light touch; Good  
pulses with full perfusion of distal digits. The skin is intact  
to inspection/palpation without evidence of infection or RSD.

The wounds are closed and dry without erythema, fluctuance,  
drainage or other evidence of infection. Mild lateral ankle  
edema. FHL/EHL firing. SILT. 2+ pulses. Calf soft, non-tender.

XRAYS: None required

IMPRESSION: Satisfactory post-operative course.

-WB Status: NWB x 2 additional weeks (6 weeks total)  
-short leg cast re-applied today  
-f/u in 2 weeks for clinic check. No x-rays needed. At that  
point she will transition to CAM boot and begin course of PT.

Sincerely,

Brianna C. Whitehouse, PA-C



Delta Leave & Disability  
Administration Center  
PO Box 14455  
Lexington, KY 40512



September 9, 2019

Nelecia Nelson  
105 Tremont St  
Braintree, MA 02184

Leave Number: B966914420-0001-01

Dear Nelecia Nelson :

**Call Sedgwick toll-free 24x7**  
(877) 67DELTA (3-3582)

**Fax Sedgwick**  
(800)922-8914

**International Access**  
Dial AT&T Direct® Access Code, then  
(877)833-9900

**TTY Service for the Hearing Impaired**  
(877)347-5225

I have reviewed the medical documentation submitted by your physician and your Unpaid Medical Leave of Absence (UMLOA) has been approved from August 10, 2019 through December 30, 2019. If your leave is expected to last for six months or more, you will be sent a Job Accommodation packet. Please complete this and return it to Delta's Accommodation Department as soon as you can so they can assist you in returning to work within your current position, with or without reasonable accommodation, or finding another open position at Delta for which you are qualified.

Here is some more information about your leave:

- Please contact us if you are able to return to work sooner or if you need more time. For instance, at the end of your leave, if you have not recovered sufficiently to resume performing the essential functions of your job, with or without reasonable accommodation, or you have not returned to active duty in another Delta position, you will need to apply for an extension of this leave.
- To extend your UMLOA beyond the approved period, additional medical documentation may be needed for review. Continued approval of your leave will be considered based upon the review of the additional medical information received. If necessary medical documentation is not received, your leave will end.
- Under Delta's policy, you may remain on UMLOA for up to 24 months from August 10, 2019 absent extenuating circumstances. If you have extenuating circumstances that require an extension of your UMLOA beyond that time, you must contact Delta before the expiration of your leave. If you are unable to return to active duty in a regular, continued position with Delta by August 09, 2021 and you are not approved for an extension, you may be reviewed for continued employment.

If you go out on an unpaid leave of absence, please note that if you retain your healthcare coverage you will be billed for coverage. You will receive a billing statement in the mail indicating your monthly premiums. You will be billed for premiums one month in advance. Please reach out to the Employee Service Center at 1-800-MY-DELTA with questions.

If you have questions about your Delta benefits, please contact the Employee Service Center by calling 1-800-MY DELTA (1-800-693-3582). For any other questions, I am available to help you and can be reached at 1-877-67 DELTA (1-877-673-3582), ext. 71250.

Sincerely,

Katherine Powers, Leave Advocate  
Sedgwick  
Ext. 71250

SPANISH (Español): Para obtener asistencia en Español, llame al [(877) 673-3582].  
TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [(877) 673-3582].  
CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 [(877) 673-3582].



Delta Leave & Disability  
Administration Center  
PO Box 14455  
Lexington, KY 40512



July 08, 2021

Nelecia Nelson  
75 Squantum St  
Milton, MA 02186

**Call Sedgwick toll-free 24x7**  
(877) 67DELTA (3-3582)

**Fax Sedgwick:** (800)922-8914

**Email Sedgwick:**

[DeltaDocuments@Sedgwick.com](mailto:DeltaDocuments@Sedgwick.com)

**International Access**

Dial AT&T Direct® Access Code, then  
(877)833-9900

**TTY Service for the Hearing Impaired**  
(877)347-5225

Leave Number: C166906498-0001-01

Dear Nelecia Nelson :

I have reviewed the medical documentation submitted by your physician and your Unpaid Medical Leave or Absence (UMLOA) has been approved from 03/19/2021 through 10/31/2021. If your leave is expected to last for six months or more, you will be sent a Job Accommodation packet. Please complete this and return it to Delta's Accommodation Department as soon as you can so they can assist you in returning to work within your current position, with or without reasonable accommodation, or finding another open position at Delta for which you are qualified.

Here is some more information about your leave:

- Please contact us if you are able to return to work sooner or if you need more time. For instance, at the end of your leave, if you have not recovered sufficiently to resume performing the essential functions of your job, with or without reasonable accommodation, or you have not returned to active duty in another Delta position, you will need to apply for an extension of this leave.
- To extend your UMLOA beyond the approved period, additional medical documentation may be needed for review. Continued approval of your leave will be considered based upon the review of the additional medical information received. If necessary medical documentation is not received, your leave will end.
- Under Delta's policy, you may remain on UMLOA for up to 24 months 03/19/2021 absent extenuating circumstances. If you have extenuating circumstances that require an extension of your UMLOA beyond that time, you must contact Delta before the expiration of your leave. If you are unable to return to active duty in a regular, continued position with Delta by 03/18/2023 and you are not approved for an extension, you may be reviewed for continued employment.

If you go out on an unpaid leave of absence, please note that if you retain your healthcare coverage you will be billed for coverage. You will receive a billing statement in the mail indicating your monthly premiums. You will be billed for premiums one month in advance. Please reach out to the Employee Service Center at 1-800-MY-DELTA with questions.

If you have questions about your Delta benefits, please contact the Employee Service Center by calling 1-800-MY DELTA (1-800-693-3582). For any other questions, I am available to help you and can be reached at 1-877-67 DELTA (1-877-673-3582), ext. 77119.

Sincerely,

Jennifer Hoover, Leave Advocate  
Sedgwick  
Ext. 77119

SPANISH (Español): Para obtener asistencia en Español, llame al [(877) 673-3582].  
TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [(877) 673-3582].  
CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 [(877) 673-3582].



Delta Leave & Disability  
Administration Center  
PO Box 14455  
Lexington, KY 40512



October 01, 2020

Nelecia Nelson  
75 Squantum St  
Milton, MA 02186

Claim Number: 30206205887-0001

**Call Sedgwick toll-free 24x7**

(877) 67DELTA (3-3582)

**Fax Sedgwick:** (800)922-8914

**Email Sedgwick:**

[DeltaDocuments@Sedgwick.com](mailto:DeltaDocuments@Sedgwick.com)

**International Access**

Dial AT&T Direct® Access Code, then

(877)833-9900

**TTY Service for the Hearing Impaired**

(877)347-5225

Dear Ms. Nelson:

Thank you for reporting your absence on 09/30/2020. My name is Joseph Dorscheid. I work for Sedgwick and will be your dedicated disability claim advocate. My role is to both inform you and help you maximize all of the benefits that may be available to you from the Ready Reserve Unpaid Disability Leave, the Family Medical Leave Act (FMLA) or any applicable state family medical leave (State FML). It is important that we stay in close contact throughout your disability event to ensure your claim is processed in a timely manner.

In order to determine your disability eligibility and minimize any delay with your claim, I will need a few things from you:

1. Complete and return the "Authorization for Release of Information" (ROI). Please sign, date and fax these forms to (800)922-8914 within two weeks from the date you reported your absence.
  - The ROI form provides me with the ability to obtain the necessary medical information from your doctor and/or hospital.
2. Please contact your doctor's office to let them know that I will be requesting information needed to approve your absence. I will provide them with your signed ROI, but I suggest you confirm whether they will require you to sign additional forms before they will send us any requested information.
3. Keep your Leader (FSM or IFS Admin) informed of your progress. This will help ensure that your leaders are up-to-date on your absence.

The items mentioned in 1 and 2 above are very time sensitive. I want to ensure you have no delays in the approval of your absence; therefore, please try to have everything returned to me within three weeks of the date you reported your absence. In the event I am missing any documents or experience delays getting information from your doctor, I will follow-up with you directly. Please note, receiving this information is very important and delays could result in your claim not being approved.

If you are eligible, your absence will run concurrently with FMLA and/or any State FML and count toward the 12 weeks of leave provided under FMLA and/or any State FML entitlement. I have attached a Fact Sheet, "The Family and Medical Leave Act (FMLA)-Your Rights and Responsibilities" for your reference.

Please do not hesitate to contact me if you have any questions. I am available by phone at 1-877-67DELTA (1-877-673-3582), ext. 8292885. For additional information on FMLA and Delta's leave policy, please access Deltanet's Absences & Leaves page. You can also contact the Leave Support Team via email at [DisabilityConciergeSupport@delta.com](mailto:DisabilityConciergeSupport@delta.com) or via phone at 404-715-0116 Monday through Friday, 8 a.m. to 6 p.m. ET.

Sincerely,  
Joseph Dorscheid, STD Claims Examiner  
Ext. 8292885

SPANISH (Español): Para obtener asistencia en Español, llame al [(877) 673-3582].  
TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [(877) 673-3582].





Delta Leave & Disability  
Administration Center  
PO Box 14455  
Lexington, KY 40512

May 18, 2020

Nelecia Nelson  
105 Tremont St  
Braintree, MA 02184

Claim Number: B966914420-0001-01

Re: Delta Air Lines  
End of unpaid medical leave of absence

Dear Ms. Nelson:

Delta's Unpaid Medical Leave Of Absence (UMLOA) Policy provides for unpaid leave up to 24 months under most circumstances and your current UMLOA has ended, on May 11, 2020.

Our records indicate that you have returned to work on May 12, 2020; this claim will be closed.

If you have questions regarding this letter, please call me at 1-877- 67 DELTA (1-877-673-3582), ext. 71250.

Sincerely,

Katherine Powers, Leave Advocate  
Sedgwick  
Ext. 71250

SPANISH (Español):	Para obtener asistencia en Español, llame al [(877) 673-3582].
TAGALOG (Tagalog):	Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [(877) 673-3582].
CHINESE (中文):	如果需要中文的帮助, 请拨打这个号码 [(877) 673-3582].
NAVAJO (Dine):	Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' [(877) 673-3582].



**sedgwick®**

**Call Sedgwick toll-free 24x7**  
(877) 67DELTA (3-3582)

**Fax Sedgwick:** (800)922-8914

**Email Sedgwick:**

[DeltaDocuments@Sedgwick.com](mailto:DeltaDocuments@Sedgwick.com)

**International Access**

Dial AT&T Direct® Access Code, then  
(877)833-9900

**TTY Service for the Hearing Impaired**  
(877)347-5225



Delta Leave & Disability  
Administration Center  
PO Box 14455  
Lexington, KY 40512

February 27, 2020

Nelecia Nelson  
105 Tremont St  
Braintree, MA 02184

Leave Number: B966914420-0001-01

Dear Nelecia Nelson :



**sedgwick®**

**Call Sedgwick toll-free 24x7**  
(877) 67DELTA (3-3582)

**Fax Sedgwick**  
(800)922-8914

**International Access**

Dial AT&T Direct® Access Code, then  
(877)833-9900

**TTY Service for the Hearing Impaired**  
(877)347-5225

I have reviewed the medical documentation submitted by your physician and your Unpaid Medical Leave of Absence (UMLOA) has been approved from August 10, 2019 through July 15, 2020. If your leave is expected to last for six months or more, you will be sent a Job Accommodation packet. Please complete this and return it to Delta's Accommodation Department as soon as you can so they can assist you in returning to work within your current position, with or without reasonable accommodation, or finding another open position at Delta for which you are qualified.

Here is some more information about your leave:

- Please contact us if you are able to return to work sooner or if you need more time. For instance, at the end of your leave, if you have not recovered sufficiently to resume performing the essential functions of your job, with or without reasonable accommodation, or you have not returned to active duty in another Delta position, you will need to apply for an extension of this leave.
- To extend your UMLOA beyond the approved period, additional medical documentation may be needed for review. Continued approval of your leave will be considered based upon the review of the additional medical information received. If necessary medical documentation is not received, your leave will end.
- Under Delta's policy, you may remain on UMLOA for up to 24 months from August 10, 2019 absent extenuating circumstances. If you have extenuating circumstances that require an extension of your UMLOA beyond that time, you must contact Delta before the expiration of your leave. If you are unable to return to active duty in a regular, continued position with Delta by August 09, 2021 and you are not approved for an extension, you may be reviewed for continued employment.

If you go out on an unpaid leave of absence, please note that if you retain your healthcare coverage you will be billed for coverage. You will receive a billing statement in the mail indicating your monthly premiums. You will be billed for premiums one month in advance. Please reach out to the Employee Service Center at 1-800-MY-DELTA with questions.

If you have questions about your Delta benefits, please contact the Employee Service Center by calling 1-800-MY DELTA (1-800-693-3582). For any other questions, I am available to help you and can be reached at 1-877-67 DELTA (1-877-673-3582), ext. 71250.

Sincerely,

Katherine Powers, Leave Advocate  
Sedgwick  
Ext. 71250

SPANISH (Español): Para obtener asistencia en Español, llame al [(877) 673-3582].  
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CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 [(877) 673-3582].





Podiatry  
732 HARRISON AVE FLR 5  
PRESTON FAMILY BLDG  
BOSTON MA 02118-2309  
Phone: 617-414-6840  
Fax: 617-414-6710

December 27, 2019

(ENTER ADDRESS HERE)

Patient: **Nelecia N Nelson**  
Date of Birth: **3/10/1978**  
Date of Visit: **12/27/2019**

Whom It May Concern:

Nelecia Nelson is a patient of mine at Boston Medical Center. I have examined her and it is my medical opinion that Nelecia Nelson should remain out of work until patient decides to have surgery to left ankle. Reviewed MRI which warrants a surgical intervention. Discussed surgery today, patient will think about surgery. At this time, patient should stay out of work until February 28, 2020.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,



David M Tseng, DPM

Delta Leave & Disability  
Administration Center  
PO Box 14455  
Lexington, KY 40512



September 9, 2019

Nelecia Nelson  
105 Tremont St  
Braintree, MA 02184

Leave Number: B966914420-0001-01

Dear Nelecia Nelson :

**Call Sedgwick toll-free 24x7**  
(877) 67DELTA (3-3582)

**Fax Sedgwick**  
(800)922-8914

**International Access**

Dial AT&T Direct® Access Code, then  
(877)833-9900

**TTY Service for the Hearing Impaired**  
(877)347-5225

I have reviewed the medical documentation submitted by your physician and your Unpaid Medical Leave of Absence (UMLOA) has been approved from August 10, 2019 through December 30, 2019. If your leave is expected to last for six months or more, you will be sent a Job Accommodation packet. Please complete this and return it to Delta's Accommodation Department as soon as you can so they can assist you in returning to work within your current position, with or without reasonable accommodation, or finding another open position at Delta for which you are qualified.

Here is some more information about your leave:

- Please contact us if you are able to return to work sooner or if you need more time. For instance, at the end of your leave, if you have not recovered sufficiently to resume performing the essential functions of your job, with or without reasonable accommodation, or you have not returned to active duty in another Delta position, you will need to apply for an extension of this leave.
- To extend your UMLOA beyond the approved period, additional medical documentation may be needed for review. Continued approval of your leave will be considered based upon the review of the additional medical information received. If necessary medical documentation is not received, your leave will end.
- Under Delta's policy, you may remain on UMLOA for up to 24 months from August 10, 2019 absent extenuating circumstances. If you have extenuating circumstances that require an extension of your UMLOA beyond that time, you must contact Delta before the expiration of your leave. If you are unable to return to active duty in a regular, continued position with Delta by August 09, 2021 and you are not approved for an extension, you may be reviewed for continued employment.

If you go out on an unpaid leave of absence, please note that if you retain your healthcare coverage you will be billed for coverage. You will receive a billing statement in the mail indicating your monthly premiums. You will be billed for premiums one month in advance. Please reach out to the Employee Service Center at 1-800-MY-DELTA with questions.

If you have questions about your Delta benefits, please contact the Employee Service Center by calling 1-800-MY DELTA (1-800-693-3582). For any other questions, I am available to help you and can be reached at 1-877-67 DELTA (1-877-673-3582), ext. 71250.

Sincerely,

Katherine Powers, Leave Advocate  
Sedgwick  
Ext. 71250

SPANISH (Español): Para obtener asistencia en Español, llame al [(877) 673-3582].  
TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [(877) 673-3582].  
CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 [(877) 673-3582].



zedgawick

1000 14th St  
Albany, NY 12242  
Tel: 518/462-1412  
Fax: 518/462-1412

18:00 AIX returned

normal condition is 0.0

There are two books no longer even close to sold!

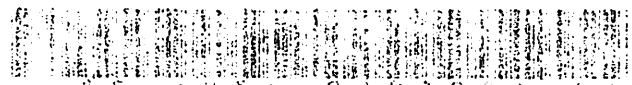
- If you go out on an unpaid leave of absence, please note that if you have a health insurance coverage you will be billed for coverage. You will receive a bill indicating the amount of the bill. If you are on a paid leave, you will be billed for premiums and needs in your area. Please reach out to the Employee Health Center at 1-800-4-DELA for any questions.

87-67 DELIA (1-877-67-7422) ext. 31520.  
1-800-677-DELLIA (1-800-677-3333). For my office assistance, please call 1-800-677-DELLIA (1-800-677-3333). If you have a question about your Delta benefits, please call the Employee Services Center by calling

4. *Chlorobaculum*

Est. 1939  
Serving  
Kalamazoo County and Surrounding Areas

CHINESE (1)	中國圖書公司 (1977-1978)
TAGALOG (Tagalog)	Kiong Publishing Company, Inc. (1977-1978)
SPANISH (Spanish)	Pan American Mission and Relief Board, Inc. (1977-1978)



NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' [(877) 673-3582].





**Fax**

Pg 27 of 33

To: Dr. Wei Tsend From: Katie Powers / Sedgwick  
Fax: 617-414-6710 Date: September 4, 2019  
Phone: 617-414-6840 Pages: 1  
Re: Nelson, Nelecia DOB: 03/10/1978 CC: Claim # B966914420-0001-01

☒ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

The following information is needed from you to complete the Medical Leave of Absence process for the above patient.

**\*\*Note that this is addressing the period of 09/02/2019 going forward\*\***

1. Are you certifying this patient off work? Yes or No

If yes, please provide:

Est. Return to Work Date: 12/31/19

2. Diagnosis: Left peroneal tendon Subluxation

3. Work restrictions (if applicable) and duration: Stay off Left foot

4. Next office visit: 4 weeks from today 9/15/19

Physician's Signature: [Signature] Date Completed: 9/5/19

Please complete and fax back to 800-922-8914. The deadline for this medical update is 09/06/2019

Thank you in advance for your help!

Regards,

Katie Powers

Claims Examiner, Sedgwick for Delta Air Lines

Ph: 877-673-3582

Fax: 800-922-8914

**Fax**

To:	Dr. Wei Tsend
From:	Katie Powers / Sedgwick
Date:	September 4, 2019
Fax:	617-414-6710
Phone:	617-414-6840
Pages:	1

Delta Leave & Disability  
Administration Center  
PO Box 14455  
Lexington, KY 40512



July 02, 2019

Nelecia Nelson  
105 Tremont St  
Braintree, MA 02184

Re: Delta Air Lines  
Unpaid Medical Leave of Absence

Call Sedgwick toll-free 24x7  
(877) 67DELTA (3-3582)

Fax Sedgwick  
(800)922-8914

International Access  
Dial AT&T Direct® Access Code, then  
(877)833-9900

TTY Service for the Hearing Impaired  
(877)347-5225

Dear Ms. Nelson:

Hello, my name is Katherine Powers, and I am your dedicated Leave Advocate. My role is to keep you informed during your leave process and help you maximize the opportunities that are available to you through Delta's Unpaid Medical Leave of Absence Policy (UMLOA). It is important that we stay in contact throughout your disability event to ensure your claim is processed in a timely manner.

I understand that you recently were denied disability benefits and that you may be eligible for a UMLOA.

If you have not been medically released to return to work or have work restrictions that prevent you from performing the essential functions of your job, you can apply for a UMLOA. Here are a few things we need from you to determine eligibility for UMLOA:

1. Please complete the attached application and Release of Information (ROI).
  - The ROI form provides me with the ability to obtain the necessary medical information from your doctor and/or hospital.
1. Please contact your doctor's office to let them know that I will be requesting information needed to approve your absence. I will provide them with your signed ROI, but I suggest you confirm whether they will require you to sign additional forms before they will send us any requested information.
2. Keep your leader informed of your progress. This will help ensure that your leaders are up-to-date on your absence.
3. In some situations, you may be asked to undergo an independent medical examination (IME) at Delta's expense. The purpose of an IME would be to clarify the medical documentation previously submitted by your treating physician.

The items mentioned in 1 and 2 above are very time sensitive. I want to ensure you have no delays in the approval of your absence; therefore, please return them in the enclosed envelope (or fax them to 1-800- 922-8914) and try to have everything returned to me by August 31, 2019 I will follow-up with you directly if anything is missing.

If your application is approved, you will be placed on an Unpaid Medical Leave of Absence.

**If your leave is expected to last for six months or more, you will be sent a Job Accommodation packet. Please complete this and return it to Delta's Accommodation Department as soon as you can so they can assist you in returning to work within your current position, with or without reasonable accommodation, or finding another open position at Delta for which you are qualified.**

Being on a UMLOA will not impact your ability to pursue an appeal in your Short-Term or Long-Term Disability claim. If you are appealing your Short-Term or Long-Term Disability claim, it is still a requirement that you complete the UMLOA request within 21 calendar days of your initial claim denial. If you do not complete the request within this timeframe, you may be placed on an unauthorized absence status and subject to corrective employment action.

Being placed on a UMLOA does not mean that Delta has concluded you are disabled. It simply means that you have provided medical information from your health care provider(s) indicating you are unable to perform the essential functions of your





zedgwick

747-247-2477  
1111 11th St NW  
Washington, DC 20004  
International Access  
1-800-368-7000  
1111 11th St NW  
Washington, DC 20004

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current Delta position. If your medical restrictions change, please notify me immediately. If you have been medically released to return to work performing the essential functions of your position without restriction, please contact your supervisor right away and return to work when scheduled. Failure to make immediate contact with your supervisor may result in corrective employment action.

If you go out on an unpaid leave of absence, please note that if you retain your healthcare coverage you will be billed for coverage. You will receive a billing statement in the mail indicating your monthly premiums. You will be billed for premiums one month in advance. Please reach out to the Employee Service Center at 1-800-MY-DELTA with questions.

If you have any questions regarding Delta leave policies, the Delta Concierge team is available to help and can be reached at 404-715-0116 or by sending an email to [DisabilityConciergeSupport@delta.com](mailto:DisabilityConciergeSupport@delta.com).

I will notify you as soon as possible to inform you whether your leave is approved or denied. Please feel free to contact me if you have any questions. I am available by phone at 1-877-67 DELTA (1-877-673-3582), ext. 71250. For additional information on an Unpaid Medical Leave of Absence, please refer to Delta's Unpaid Medical Leave of Absence Policy, which is also attached to this letter.

Sincerely,

Katherine Powers, Leave Advocate  
Sedgwick  
Ext. 71250

SPANISH (Español):	Para obtener asistencia en Español, llame al [(877) 673-3582].
TAGALOG (Tagalog):	Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [(877) 673-3582].
CHINESE (中文):	如果需要中文的帮助, 请拨打这个号码 [(877) 673-3582].
NAVAJO (Dine):	Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' [(877) 673-3582].

Enclosures



Delta Leave & Disability  
Administration Center  
PO Box 14455  
Lexington, KY 40512



September 9, 2019

Nelecia Nelson  
105 Tremont St  
Braintree, MA 02184

Leave Number: B966914420-0001-01

Dear Nelecia Nelson :

Call Sedgwick toll-free 24x7  
(877) 67DELTA (3-3582)

**Fax Sedgwick**  
(800)922-8914

**International Access**

Dial AT&T Direct® Access Code, then  
(877)833-9900

**TTY Service for the Hearing Impaired**  
(877)347-5225

I have reviewed the medical documentation submitted by your physician and your Unpaid Medical Leave of Absence (UMLOA) has been approved from August 10, 2019 through December 30, 2019. If your leave is expected to last for six months or more, you will be sent a Job Accommodation packet. Please complete this and return it to Delta's Accommodation Department as soon as you can so they can assist you in returning to work within your current position, with or without reasonable accommodation, or finding another open position at Delta for which you are qualified.

Here is some more information about your leave:

- Please contact us if you are able to return to work sooner or if you need more time. For instance, at the end of your leave, if you have not recovered sufficiently to resume performing the essential functions of your job, with or without reasonable accommodation, or you have not returned to active duty in another Delta position, you will need to apply for an extension of this leave.
- To extend your UMLOA beyond the approved period, additional medical documentation may be needed for review. Continued approval of your leave will be considered based upon the review of the additional medical information received. If necessary medical documentation is not received, your leave will end.
- Under Delta's policy, you may remain on UMLOA for up to 24 months from August 10, 2019 absent extenuating circumstances. If you have extenuating circumstances that require an extension of your UMLOA beyond that time, you must contact Delta before the expiration of your leave. If you are unable to return to active duty in a regular, continued position with Delta by August 09, 2021 and you are not approved for an extension, you may be reviewed for continued employment.

If you go out on an unpaid leave of absence, please note that if you retain your healthcare coverage you will be billed for coverage. You will receive a billing statement in the mail indicating your monthly premiums. You will be billed for premiums one month in advance. Please reach out to the Employee Service Center at 1-800-MY-DELTA with questions.

If you have questions about your Delta benefits, please contact the Employee Service Center by calling 1-800-MY DELTA (1-800-693-3582). For any other questions, I am available to help you and can be reached at 1-877-67 DELTA (1-877-673-3582), ext. 71250.

Sincerely,

Katherine Powers, Leave Advocate  
Sedgwick  
Ext. 71250

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Delta Leave & Disability  
PO Box 14455  
Lexington, KY 40512

September 9, 2019

Nelecia Nelson  
105 Tremont St  
Braintree, MA 02184



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